











# ADULT NEEDS SURVEY

NAME

Date

*published  
on  
Bm app used  
constantly*

## TABLE OF CONTENTS

	<u>Page</u>
I. MEDICAL NEEDS.....	1
II. AUDIOLOGICAL NEEDS.....	1
III. OPHTHALMOLOGICAL NEEDS.....	2
IV. MOBILITY NEEDS.....	2
V. OCCUPATIONAL THERAPY NEEDS.....	3
VI. PHYSICAL THERAPY NEEDS.....	4
VII. PHYSICAL EDUCATION NEEDS.....	4
VIII. COMMUNICATION NEEDS.....	4
IX. PSYCHOLOGICAL NEEDS.....	5
X. FAMILY NEEDS.....	6
XI. VOCATIONAL NEEDS.....	6
XII. RESIDENTIAL NEEDS.....	7
XIII. VOLUNTEER NEEDS.....	9

## Acknowledgements

We wish to thank the staff within the Deaf-Blind Program at Perkins School for the Blind who have helped in the development of the Adult Needs Survey by providing us with their time and expertise.

Also, we wish to acknowledge the input of Ms. Sally Sparks, Assistant Supervisor of Adult Services, Perkins School for the Blind, in the development of the Residential Needs section.

Finally, we wish to thank Mr. & Mrs. Ronald Reynolds, who provided us with input from a parent's perspective.

The questions within this survey have been developed to gather critical information for the planning of the residential, vocational and support services to our students as they approach adulthood.

The Adult Needs Survey was developed by Steven J. Davies, Transitional Planning Specialist; Debra S. Kamen, Project Administrator and Laurel E. Kahn, Secretary, Total Life Planning Grant, Deaf-Blind Program, Perkins School for the Blind - 1983.



## I. MEDICAL NEEDS

1. Does the individual receive medical services (i.e., dentist, doctor) in her/his home community? Please list.
2. How does the individual pay for medical expenses (i.e., medication, doctor's appointments)?
3. Can the individual schedule her/his own appointments?
4. Does the individual need to be accompanied by someone when attending a medical appointment? Please explain (include need for interpreter services).
5. How does the individual get to medical appointments? If by public transportation, who pays?
6. Can the individual express discomfort/pain and identify its source?
7.
  - a. List all medications the individual is currently taking (include dosage, frequency and the reason for being on medication).
  - b. If the individual takes medication can (s)he self-medicate or will it require administration by someone else?
8. Can (s)he be responsible for notifying someone of medication when needed?

## II. AUDIOLOGICAL NEEDS

1.
  - a. What is the name and address of the individual's audiologist?
  - b. Otologist?
2.
  - a. Hearing impairment is:
 

<input type="checkbox"/> Normal (10 - 26 dB)	<input type="checkbox"/> Moderate/Severe (56 - 70 dB)
<input type="checkbox"/> Mild (27 - 40 dB)	<input type="checkbox"/> Severe (71 - 90 dB)
<input type="checkbox"/> Moderate (41 - 55 dB)	<input type="checkbox"/> Profound (91+ dB)
  - b. ☐ Conductive loss      ☐ Sensori-neural loss
3. Is the hearing impairment stable or progressive?
4. Has the individual been prone to ear infection? (frequency - tubes)
5. What are your general impressions of the individual's auditory functioning (i.e., favors use of one ear over another)?
6.
  - a. Does the individual wear a hearing aid? (type and brand)
  - b. Are the hearing aids insured? (name and address of insurance coverage)
7. Where does the individual obtain new hearing aids?





8. Who pays for the hearing aids?
9. a. Does the individual presently maintain her/his own hearing aid?  
b. If not, who does (i.e., cleaning, purchasing batteries)?
10. Does the individual inform someone when the hearing aids are not functioning adequately?

### III. OPHTHALMOLOGICAL/OPTOMETRIC NEEDS

1. What is the name and address of the individual's current ophthalmologist and/or Optometrist?
2. Is the individual's vision stable or progressive?
3. What are the general impressions of the individual's visual functioning (i.e., favors use of one eye over another)?
4. a. Does the individual wear glasses?  
b. Are the glasses insured?
5. Where does the individual obtain new glasses (Optician's name and address)?
6. Who pays for the new glasses?
7. a. Does the individual use a prosthesis?  
b. Is it maintained by the individual?

### IV. MOBILITY NEEDS

1. a. Is the individual ambulatory or non-ambulatory? Please explain.  
b. Does the individual use an orthopedic cane, wheelchair or other adaptive equipment? How effectively?
2. a. Has the individual been trained by a mobility instructor within the past 4 years? If not, is there a recommendation for a mobility evaluation? Why?  
b. If the training has not been by a mobility instructor, who has trained the individual?  
c. Please describe the skill attainment in such areas as protective technique, trailing, sighted guide, cane travel, etc.  
d. Is the individual a cane or visual traveler? Describe. If cane traveler is it for: protection \_\_\_\_; information \_\_\_\_; identification \_\_\_\_ (Please check)



- e. Can the individual transfer mobility skills to a new setting independently? If not, what degree of familiarization is necessary?
  - f. What are the most successful modes of learning used to teach mobility to the individual (i.e., physically take individual through situations, modeling behaviors, verbal explanations)?
3. Is this individual able to negotiate stairs and is it with or without the support of railings?
4. a. Is this individual capable of traveling safely and independently? Describe each area listed.
- residential
  - small business
  - congested business
  - taxi cab
  - public transportation
- b. What are this individual's street crossing capabilities?
- walk light control
  - traffic light
  - stop signs

#### V. OCCUPATIONAL THERAPY NEEDS

- 1. Is the individual presently receiving occupational therapy services? If so, please define services.
  - 2. If the individual is not receiving occupational therapy services, is there a recommendation for an occupational therapy evaluation? Why?
  - 3. Do you notice fine and/or gross motor planning difficulties in respect to functional daily living, recreational and/or vocational skill areas?
  - 4. If the individual has functional vision, does (s)he have a problem with eye-hand coordination?
  - 5. Does the individual have any problems maintaining balance or equilibrium? Describe.
  - 6. a. Is the individual tactilely hypersensitive to certain textures (tactilely defensive)?
  - b. Does the individual require occupational therapy services after (s)he leaves the educational program?
- How frequently?



## VI. PHYSICAL THERAPY NEEDS

1. a. Is the individual presently receiving physical therapy services?  
b. If not, is there a recommendation for a physical therapy evaluation? Why?  
c. If yes, please define services.
2. a. If a daily physical therapy program is recommended, is the individual able to carry out the program independently or does (s)he require assistance?  
b. To what degree?  
c. Will the individual's program after (s)he leaves the educational program need to be continued?

## VII. PHYSICAL EDUCATION NEEDS

1. What are the favorite recreational/fitness activities of the individual?
2. Can the individual plan her/his own recreational/fitness activities?
3. a. Does the individual require another person to be present to assist in the recreational/fitness activity?  
b. How much supervision is necessary?
4. Are there particular activities recommended for motor training, spatial relationships (under/over) and balance for this individual? Describe.
5. Is there any adaptive equipment necessary to carry out the individual's recreational/fitness program?

## VIII. COMMUNICATION NEEDS

1. a. Is the individual presently receiving speech and language services through consultation or direct services?  
b. If not, is there a recommendation for a speech and language evaluation?  
c. If yes, please describe.
2. a. Will this individual need consultation and/or direct services when (s)he leaves the educational program?  
b. If so, how often?
3. a. What are this individual's primary and secondary modes of communication?  
b. Does the individual require sign language within the hand?





4. a. What are the individual's receptive language skills? Please underline the category (s)he is able to respond to:

basic gestures  
 1 - 20 signs/words  
 21 - 100 signs/words  
 250 - 500 signs/words  
 simple sentences  
 complex sentences

- b. Please describe.

5. a. What are this individual's expressive language skills? Please underline the appropriate category:

gestures  
 single words/signs  
 phrases/signs  
 sentences/signs  
 fingerspelling

- b. Please describe.

6. Can the individual engage in interactive conversation? Is there perseveration on (a) topic(s) of conversation?

#### IX. PSYCHOLOGICAL NEEDS

1. a. Does the individual have self-abusive or aggressive behaviors?

- b. If so, describe.

- c. Mode of treatment?

2. Has the treatment model been effective in decreasing or extinguishing the behavior?

3. a. Do you feel this program will need to be continued after (s)he leaves the educational program?

- b. If yes, please be specific.

4. Will follow-up consultation by a behavioral psychologist be necessary on an ongoing basis?

5. Is there a need for individual/group counseling after leaving the educational setting?

If so, explain (i.e., social skills training). How frequent?

6. a. If the individual is not presently receiving psychological services, is there a recommendation for a psychological referral/evaluation?

- b. Why?



### X. FAMILY NEEDS

1.
  - a. Who is the main contact person in the family? Please list name, address and phone number.
  - b. What is her/his relationship to the student?
  - c. If (s)he is not available, who else may be contacted? Include telephone number and address.
2. Please respond in detail to the following questions:
  - a. What kind of living situation do you expect for your daughter/son?
  - b. What kind of work situation do you expect for your daughter/son?
  - c. What type of additional services do you anticipate your daughter/son will need (i.e., mobility, speech therapy)?
3.
  - a. Is your daughter/son presently her/his own guardian?
  - b. If not, has legal action been taken to assign a guardian?
4.
  - a. Is your daughter/son receiving SSI?
  - b. If so, who is the payee?
5.
  - a. Do you know of services in the home community that can be used as resources for your daughter/son after (s)he leaves the educational program?
  - b. If so, describe in detail and please include any agency contacts you have made regarding future services for your daughter/son.
6. If no services were available close to your home, would you recommend pursuing other programs outside the local area?
7. Will you or your family require any support services after your daughter/son "graduates" (i.e., counseling, respite)?

Is there any specific way at this time that we may be of assistance?

### XI. VOCATIONAL NEEDS

1.
  - a. Does the individual presently have a competitive or supported work placement? What is it and how many hours are spent on the job?
  - b. Does the individual demonstrate competency with this type of work? Describe.
  - c. If the individual has participated or is participating in work activities or a sheltered work setting in the community, please describe the type of tabletop tasks.





- d. What are the production averages and the number of hours on each job?
2. Are there particular types of work that this individual does not show an interest in and therefore may not succeed at?
3. How long can this person attend on the job?
4. Does the individual follow directions from their supervisor?
5. Does the individual display any behavioral outbursts in the work setting? If so, please describe in detail (frequency, intensity, etc.).
6. Does the individual require time out/restraint built into programming? If yes, explain.
7. How does the individual adapt to change(s) in the work setting?
8. Do you feel it is important for this person to be placed in a work setting with other people who use some form of total communication? Please explain.
9. Does the individual interact socially with peers at work?
10. Please describe the work placement or day program that you would recommend for this individual after (s)he leaves the educational program. Please include detailed information when applicable (size of the program, staff-client ratio, additional program components).

## XII. RESIDENTIAL NEEDS

1. Does the individual physically evacuate a building in 2 1/2 minutes without assistance in case of fire or other emergency?
2. Does the individual consistently identify emergency situations?
3. Can the individual deal with household emergencies by contacting emergency personnel when needed?
4. Does the individual presently use routine first-aid procedures on herself/himself for minor cuts and burns and obtain assistance when needed?
5.
  - a. What staff-client ratio is needed in the residence?
  - b. How much support and attention is necessary?
6. Is the individual able to get herself/himself up in the morning?
7. Are there other behaviors that interfere with day-to-day functioning but are not being addressed at this time?
8. What known reinforcers or strategies increase desired behaviors?



9. What is the individual's behavior like in the community (i.e., trips to stores, museums, restaurants)?
10. a. Does the individual initiate social interaction with peers?  
b. With staff?  
c. If not, will the individual interact if approached by peers or staff?
11. Would the individual benefit from a small (2 to 3 others) or a larger group living environment (6 to 8 others)? Please explain.
12. Does the individual meet basic personal care needs independently, including toileting, bathing or showering, feminine hygiene, oral hygiene, dressing and laundry or does the individual need occasional reminders or aid from staff? Explain.
13. a. Does the individual identify the need for routine personal care activities such as nail care, haircuts and mending?  
b. Does the individual carry these out independently or need occasional reminders or aid from staff?
14. Does the individual handle daily personal money needs independently, i.e., identifying coins and bills, using vending machines, purchasing personal care items? Please explain in detail.
15. What are the individual's practical mathematical abilities (i.e., simple measurement, basic concepts of time, telling time)?
16. Is the individual capable of budgeting money and carrying out simple banking transactions? Describe.
17. Does the individual carry out housekeeping tasks or benefit from instruction in housekeeping skills? Explain.
18. a. Does the individual make cold meals and snacks safely and independently?  
b. If not, how much staff assistance is necessary?
19. a. Has the individual experience in hot food preparation? Give example(s):  
 \_\_\_\_\_ frozen food - toaster oven  
 \_\_\_\_\_ following recipe exactly; 1/4 cup, add 3/4 cup  
 \_\_\_\_\_ creative - adding ingredients  
 b. Does the individual use appliances safely?  
 c. List them and describe any supervision necessary.



20. Does the individual food-shop independently or with assistance from staff? Describe.
- a. ☐ Makes a list
  - b. ☐ Locates items
  - c. ☐ Places food in appropriate storage container/area
  - d. ☐ Stores leftovers
  - e. ☐ Removes spoiled food
21. Is the individual capable of occupying her/his leisure time? Please explain.
22. a. What kind of adaptive equipment is necessary within the residence?
- b. Where can it be purchased?
23. What kind of living situation do you expect for this individual when (s)he leaves the educational program?

#### XIII. VOLUNTEER NEEDS

1. Will the individual benefit from volunteers assisting in any one of the following areas: shopping, banking, recreation, transportation, other? Please explain.
2. Would the individual benefit from a social group such as Deaf-Blind Contact Center (a self advocacy and information center) or a Deaf Social Club? How?
3. Would an organization similar to Big Brother or Big Sister be of benefit to the individual? How?









2/21/2014

3131085 48 00



HF GROUP - IN



